

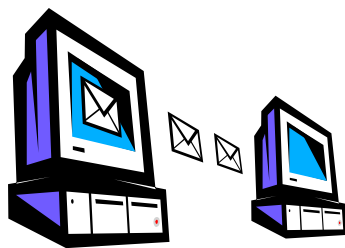
ENCOUNTER KEYS



ENCOUNTERS WITHDRAWN

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It is the responsibility of the Plans when withdrawing or deleting encounters to keep a record of the deletes and, when appropriate, to resubmit the withdrawn encounters with the correct information. Contractors must document, including the reason, deleted and overridden encounters and maintain a record of the deleted and overridden CRNs, and upon request, make this documentation available to AHCCCSA for review. Encounters withdrawn due to data errors must be resubmitted as soon as possible. If you have any questions, regarding withdrawing or resubmitting encounters, please contact your Technical Assistant.

Reminder

The following CPT codes can not be used by Provider Type 08 (physicians). For further clarification on who can use these codes, refer to the AMA CPT Assistant and CPT Changes listed with each code:

- 96150 (Health and behavior assessment (e.g, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment)
- 96151 (Health and behavior assessment (e.g, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment)
- 96152 (Health and behavior intervention, each 15 minutes, face-to-face; individual)
- 97802 (Application of a modality to one or more areas; hot or cold areas; ultraviolet)

National Provider Identifier (NPI) Roundtable Conference Call

CMS will host a National HIPAA National Provider Identifier (NPI) Roundtable conference call on September 14, 2005 at 2:00 PM ET. The call in number is 1-877-203-0044 and the identification number is 5580762. No cost or registration required.

Updates on Reference Screen 773 (Revenue Codes-To-Procedure Codes)

<u>Code</u>		<u>Comments</u>
G0128	RN, skilled nursing out-pt rehab fac (Non covered code)	Remove from 550-559
G0151	P Therapist, Home health setting (Non covered)	Remove from 420-429
G0152	Occupat T, Home Health setting (Non covered)	Remove 430-439
G0153	Speech T, HH setting (Non covered)	Remove 440-449
G0154	Skilled nurse, HH setting (Non covered)	Remove 550-559
G0155	Soc Wrkr, HH setting (Non covered)	Remove 560-569
G0156	HH Aide, HH setting (Non covered)	Remove 570-579
G0295	Electromagnetic therapy (Non-covered)	Remove 420-429, 430-439, 510, 520-529, 760-769, 940-949.
G0368	Welcome to Medicare, EKG report	Remove 730-739, should be G0367 only. Corrected date 01/01/05
G0127-G0188	Assorted	End date (6/30) ER-450-459
Q0081	Remove end-date 762	Good for non-OPPS billing
97810-97814	Acupuncture	Remove 420-429, 430-439, 920
99360	Physician standby	Remove 721-729, 520-529
99361-99362	Medical Conf by a physician	Remove from 520-529
99374-9380	Care Plan oversight	Remove 520-529
29000-29799	Application of Halo Type Cast	Added 420-429 and 430-439
99218-99220	Initial Observation Care	Added 721 (effective 07/01/2005)

Place of Service (POS)

Effective with date of service on or after 07/01/2004 the CPT code 92586 (Auditory evoked potentials for evoked response audiomet) can be reported with POS 21 (Inpatient Hospital) and by provider type 19 (Registered Nurse Practitioner).

Modifier

Effective with dates of service on or after 01/01/2004 the modifier 90 (Reference (outside) Laboratory) can be reported on the following CPT codes:

- 83516 (Immunoassay for Analyte Other Than Infections Agent Antigen)
- 83518 (Immunoassay for Analyte Other Than Infections Agent Antigen) single step method
- 83519 (Immunoassay Analyte, Quantitative; By Radiopharmaceutical Technique)
- 83520 (Immunoassay Analyte, Quantitative; By Radiopharmaceutical Technique) not otherwise specified

Effective with dates of service on or after 01/01/2004 the CPT code 15120 (Split graft, face, scalp, eyelids, mouth, neck, ears) can be reported with modifier 58 (Staged or related procedure or service by the Same Physician During the Postoperative Period).

Effective with dates of service on or after 01/01/2004 the CPT code 11040 (Debridement; skin, partial thickness) can be reported with modifier 58 (Staged or related procedure or service by the Same Physician During the Postoperative Period).

Coverage Code Change

AHCCCS will no longer be covering the following codes. The Coverage code will be changed to 04 with an effective date of 07/01/2005.

- D9211 Regional Block Anesthesia
- D9212 Trigeminal Division Block Anesthesia
- D9215 Local Anesthesia

Effective with dates of service on or after 07/01/2005 the HCPCS codes:

- ♦ G0244 (Observation care provided by a facility to a patient with CHF, chest pain, or asthma, minimum eight hours),
 - ♦ G0264 (Follow-up physician evaluation and management of a diabetic patient),
 - ♦ G0263 (Direct admission of patient with diagnosis of congestive heart failure)
- can be reported with a **coverage code of 09 (Medicare Only)**

Limit Change

Effective for 07/01/2005, the daily unit limits have been changed from 120 to 180 minutes CPT code: 01967 (Neuraxial Labor Analgesia/Anesthesia for Planned Vaginal Delivery).

Effective with dates of service on or after 01/01/2004 the HCPCS code J2505 (Injection, Pegfilgrastim, 6MG) procedure daily maximum limit has been changed to 1 for every 14 days. (It was previously listed as Procedure daily maximum of 999 and no frequency limit.)

Edit Status Change

Effective with dates of service on or after 10/01/2005 the edit code H640 (Medicare Paid Amount Exceeds Medicare Approved Amount) will become hard.

Effective with dates of service on or after 07/01/2005 the edit codes: Z700 - Service Exceeds Set One Limitations and Z710 Service Exceeds Set Two Limitations are on hard for UB outpatient encounters and soft for HCFA 1500 and Dental encounters.

Aged Pended Sanctions

Effective September 2005, the error code P295 (Service Provider Terminated During Service Date Span) will be sanctionable.

Category II Codes

Effective with dates of service on or after July 1, 2005, AHCCCS will accept Category II codes for Performance Measures (PM). (See American Medical Association's CPT 2005.) These codes are used in addition to Evaluation and Management coding for data collection regarding the quality of care by coding certain services and test results. They do not have relative value, and do not have a payment associated with them.

AHCCCS' Category of Service (COS) for these codes is PM. The procedure classifications are as follows:

PC	Performance Comp Indicators Codes 0001F-0005F
PM	Performance Patient Management Codes 0500F-0503F
PO	Performance Outcome
PS	Performance Patient Safety
PH	Performance Patient History Codes 1000F-1008F
PE	Performance Physical Exam Codes 2000F-2004F
PD	Performance, Diagnostic Screening Codes 3000F-3002F
PI	Performance Interventions Codes 4000F-4018F



“Where there’s music there can be no evil”

Miguel de Cervantes

Category II Codes are:Composite Measures:

0001F Heart failure assessed
0005F Osteoarthritis assessed

Patient Measurement:

0500F Initial prenatal care visit
0501F Prenatal flow sheet documented in medical record by first prenatal visit
0502F Subsequent prenatal care visit
0503F Postpartum care visit

Patient History:

1000F Tobacco use, smoking assessed
1001F Tobacco use, non-smoking assessed
1002F Anginal symptoms and level of activity assessed
1003F Level of activity assessed
1004F Clinical symptoms of volume overload (excess) assessed
1005F Asthma symptoms evaluated
1006F Osteoarthritis symptoms and functional status assessed
1007F Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed
1008F Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID)

Physical Exam:

2000F Blood pressure measured
2001F Weight recorded
2002F Clinical signs of volume overload (excess) assessed
2003F Auscultation of the heart performed
2004F Initial examination of the involved joint(s)

Diagnostic/Screening Processes or Results:

3000F Blood pressure \leq 140/90 mm Hg
3002F Blood pressure $>$ 140/90 mm Hg

Therapeutic, Preventative or Other Interventions:

- 4000F Tobacco use cessation intervention, counseling
- 4001F Tobacco use cessation intervention, pharmacologic therapy
- 4002F Statin therapy prescribed
- 4003F Patient education, written/oral, appropriate for patients with heart failure performed
- 4006F Beta-blocker therapy prescribed
- 4009F Angiotensin converting enzyme (ACE) inhibitor therapy prescribed
- 4011F Oral antiplatelet therapy prescribed
- 4012F Warfarin therapy prescribed
- 4014F Written discharge instructions provided to heart failure patients discharged home
- 4015F Persistent asthma, long term control medication
- 4016F Anti-inflammatory/analgesic agent prescribed
- 4017F Gastrointestinal prophylaxis for NSAID use prescribed
- 4018F Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed

CPT Category II Code Modifiers

- 1P Performance Measure Exclusion due to Medical Reasons
- 2P Performance Measure Exclusion due to Patient Choice

For additional information regarding Category II Codes, please see the AMA website for complete description and detail of the codes:

<http://www.ama-assn.org/ama/pub/category/10616.html>